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2010 Updates for ICD-9 and POA

5 November 2009 - 0800, 1400 & 2000
EST

10 November 2009 - 0800 & 1400 EST

Bridge Number - 877-960-7130

(Pin: 2378585)



Objectives



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1. Learn the latest information on new diagnosis codes that will soon be billed to third party payers
2. Know the timeline for coordination and implementation of these codes in the MHS systems
3. Gain an understanding of POA (Present on Admission) indicator reporting options and how they are used with MS-DRGs



Quick Highlight - Overview



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2010 ICD-9 was effective on October 1, 2009

- 143 new diagnosis & V codes
- 140 new E codes (external cause of injury codes)
- 45 revised code titles
- 23 invalid codes



Quick Highlight - New Codes Added



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- 23 new - 200 series (Neoplasm's, Endocrine & some mental disorders)
- 5 new - 300 series - (Mental disorders & Nervous system)
- 25 new - 400 series - (Circulatory & Respiratory)
- 3 new - 500 series - (Digestive & Genitourinary)
- 2 new - 600 series - (Male Genitourinary , Pregnancy & Skin)
- 25 new - 700 series - (Musculoskeletal, Perinatal & Signs/Symptoms)
- 3 new in 800 - (Symptoms, Signs & Ill-Defined Conditions)
- 13 new in 900 series - (Injury & poisoning Late Effects)
- 32 new V codes - (Factors Influencing Health Status)
- 165 new E codes - (External Causes of Injury & Poisoning)



Quick Highlight - Codes Deleted



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279.4 - Autoimmune disease, NEC

488 - Influenza due to identified avian influenza virus

779.3 - Feeding problems in newborn

799.2 - Nervousness

969.0 - Poisoning by antidepressants

969.7 - Poisoning by psychostimulants

E993 - Injury due to war operations by other explosion

E995 - Injury due to war operations by other & unspecified
forms

of conventional warfare

E998 - Injury due to war operations but occurring cessation of
hostilities

V72.6 - Laboratory examination



Highlights of 2010 Changes



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- A code designed for the new H1N1 virus responsible for swine flu
- More than 20 codes for acute and chronic venous embolism and thrombosis
- New codes for speech disorders
- A new code for a pressure ulcer of the coccyx
- New codes for Merkel cell carcinoma and secondary neuroendocrine tumors
- More than 30 new V codes
- 12 new poisoning codes related to antidepressants and psychostimulants (including caffeine)



Influenza



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- H1N1 influenza - 488.1
- Avian influenza virus (bird flu) - 488.0
- Influenza caused by unspecific influenza viruses - 487.0 - 487.8



Neoplasm's



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- New V code for personal history of neuroendocrine tumors
- V10.91 - personal history of malignant neuroendocrine tumor



Neoplasm's



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Merkel Cell Carcinoma

- Previous coding guidance was to code skin cancer
- Biopsy report should give correct classification
- The ICD-9 committee stated that 209.30 is not appropriate for Merkel cell carcinoma of unknown site
- If primary site is unknown, code to 209.75 - Secondary Merkel cell carcinoma



Changes for Gout



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- 274.0X Gouty arthropathy
- 4 progressive stages of gout include:
 - Asymptomatic urate deposition or accumulation
 - Acute gout
 - Intercritical gout
 - Chronic tophaceous gout



Codes related to Cancer



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- New code - Tumor lysis syndrome
277.88
- New code - 285.3 Antineoplastic
chemotherapy induced anemia



Circulatory Code Changes



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- Changes were made to identify differences between chronic venous embolism from acute
- 22 new codes are included in the breakdown
- Range: 453.5 - 453.89



Changes for Pregnancy, Childbirth & Puerperium



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- New code - 670.00 Major puerperal infection
- 670.1 Puerperal endometritis
- 670.2 - Puerperal sepsis
- 670.3 - Puerperal septic thrombophlebitis
- 670.8 - Other major puerperal infection



Changes for Conditions Originating in the Perinatal Period



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New Codes for:

- 779.3 - Feeding problems in newborn is expanded with a fifth digit:
- 779.31 - feeding problems in newborn
- 779.32 - bilious vomiting in newborn
- 779.33 - other vomiting in newborn
- 779.34 - failure to thrive in newborn



Changes for Signs & Symptoms



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New Codes:

- 793.82 - Inconclusive mammogram
- 784.42 - Dysphonia
- 784.43 - Hypernasality
- 784.44 - Hyponasality



Changes for TBI



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New Codes:

V15.52 - History of traumatic brain injury

V80.01 - Screening for traumatic brain injury

Note - V80.09 - Other neurological conditions is also a new code



Changes for Injury & Poisoning



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Current Injury - use injury codes & external cause codes

For subsequent treatment that follows the initial injury treatment - use a V code for the history of TBI and code symptom codes (example: nervousness)

- Sequelae/late effects
- 907.0 - late effect of intracranial injury without mention of skull fracture
- 905.0 - late effect of fracture of skull and face bones



Changes to Injury & Poisoning Codes



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Expansion under: Poisoning by
psychotropic agents:

- 969.00 - Poisoning by antidepressants
- 969.7x - Poisoning by psychostimulants
vs. caffeine vs. amphetamines
- 995.24 - Failed moderate sedation
during procedure
- Also related to that change - V15.80 -
history of failed conscious sedation



Changes to V Codes



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V20.3 - Newborn Health supervision

V20.31 - for newborn under 8 days

V20.32 - for newborn 8-28 days

V26.42 - Encounter for fertility
preservation counseling

V26.82- Encounter for fertility preservation
procedure

V53.51 - fitting and adjustment of gastric
lap band

V60 and V 61 - new codes for family
disruption & parent/child problems

V87.4x personal history of drug therapy



Changes to E Codes



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For capturing “Never” Events -

E876.5 - performance of WRONG operation (procedure) correct patient

E876.6 - performance of operation (procedure) on a patient NOT scheduled for surgery

E876.7 - performance of operation (procedure) on WRONG side/body part



Changes to E Codes



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External Cause Status - E000

(Indicates status of the person at the time of injury/event occurred - employment, military, other)

E001-E030 - Activity

(Indicates what activity the person was doing at the time of the injury - if it was sports related (individual/group/rough housing))



Changes to E Codes



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Additions and expansion to external cause of injury for injury due to war operations

- Includes injuries to military personnel and civilians caused by war and civil insurrections and occurring during the time of war and insurrection and peacekeeping missions
- See sections E990 - E998.98



Loading 2010 ICD-9 Codes



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- 2010 ICD-9 codes have been delayed for CHCS and CCE to late December due to testing
- UBO recommends waiting to code and bill inpatient records until CHCS and CCE are updated
- 2010 ICD-9 codes for AHLTA has not been determined
- Stay tuned for update



POA - Present on Admission



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General Reporting Requirements:

- All claims involving inpatient admissions to general acute care hospitals or other facilities that are subject to a law or regulation mandating collection of present on admission information.
- POA is defined as “present at the time the order for inpatient admission occurs” - conditions that develop during an outpatient encounter, including ED, observation, or outpatient surgery, are considered as POA.
- POA indicator is assigned to principal and secondary diagnoses
- Issues related to inconsistent, missing, conflicting or unclear documentation must still be resolved by the provider.



POA - Present on Admission



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Reporting Options:

- Y - Yes
- N - No
- U - Unknown
- W - Clinically undetermined

Definitions:

- Y - present at the time of inpatient admission
- N - not present at the time of inpatient admission
- U - documentation insufficient to determine if condition is present on admission
- W - provider is unable to clinically determine whether condition was present on admission or not



POA - Billing Requirements



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- Paper Claims - the POA indicator is the eighth digit of Field Locator (FL) 67, Principal Diagnosis, and the eighth digit of each of the Secondary Diagnosis fields, FL A-Q
- Requirement is to report the applicable POA indicator (Y, N, U or W) for the principal and any secondary diagnoses and include this as the eighth digit;
- Requirement says: leave the field blank if the diagnosis is exempt from POA reporting (use a 1)



POA & Electronic Billing



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- Using the 837I, submit the POA Indicator in segment K3 in the 2300 loop, data element K301
- **Example 1:**
POA indicators for an electronic claim with one principal and five secondary diagnoses should be coded as:
POAYNUW1YZ
- **Example 2:**
POA indicator for an electronic claim with one principal diagnosis without any secondary diagnosis should be coded as:
POAYZ



MS-DRGs, POA and SCR 4299



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- Like DRGs, MS-DRGs are codes to classify and reimburse inpatient hospital stay
- The previous Tricare DRG system had 555 codes
- The new Tricare MS-DRG system has 745 (345 base codes)
- 3M Tricare grouper assigns an MS-DRG based on:
 1. ICD-9 Diagnosis and procedure codes
 2. Age
 3. Gender
 4. Complications or Co-morbidities



Timelines



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Timelines:

- ✓ CMS adopted MS-DRG in FY08
- ✓ Many payers delayed implementation (including Tricare)
- ✓ Tricare Operations decided to implement MS-DRGs beginning with FY09
- ✓ Tricare contract with 3M for Tricare grouping software updates are linked and affect both Purchased Care and Direct Care
- ✓ 3M Coding Compliance Editor (CCE) has been the Direct Care Inpatient Grouper for 2 years (replaced the CHCS Encoder Grouper)
- ✓ CCE will have MS-DRG grouper with Oct 08 update
- ✓ CMS will fully adopt use of POA in FY09 (starting Oct 08)
- ✓ Tricare CCE version update with ability to input POA scheduled/funded
- ✓ Rollout of this update to begin by Q2 FY09; update completed



Timelines



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- SCR 4299 to add POA indicator to CCE data feed to CHCS
- SCR 4299 also covers addition of POA to SIDR (Standard Inpatient Data Record)
- SCR 4299 also covers addition of POA to UB-04 for inpatient billing
- SCR has been submitted; went to JMIS costing 16 September 2008
- UBU Service Members prioritized this as SCR #1
- It was recommended as top 81B funding priority (Coding, Billing, Workload) for FY09; to date work has not been completed



Summary



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Now you can share with others:

- ☐ The highlights of the latest changes for the 2010 ICD-9 diagnosis codes with other departments in your facility
- ☐ What the timeline will be for the coordination of the new codes into the various MHS systems for billing and coding
- ☐ What the various POA indicators mean and how they identify if the patient had the condition at the time of admission



Questions?



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